

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		3/10/69
O.I.P.E. CLASSIFIER		69300	3/11/69
FORMALITY REVIEW			4-9

MD

80

6688-9

10-22-89

INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
1	12-10-67
2	3-21-68
3	3-21-68
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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